

FILED *C*  
JUN 24 2008

E-filing

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

*08-CV-2647-SBA*

*NC*  
Antoine Ardds Plaintiff,

CASE NO. \_\_\_\_\_

vs.

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

**SBA**

STATE OF CALIFORNIA  
M.S. EVAN: WARDEN

Defendant.

**(PR)**

~~Salinas Valley State Prison~~  
Salinas Valley State Prison

I, Antoine Ardds, declare, under penalty of perjury that I am the

plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No \_\_\_\_\_

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Ø Net: Ø

Employer: Salinas Valley State Prison JOB# DRW-208

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_\_ No X  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_\_ No X  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_\_ No X

14 d. Pensions, annuities, or Yes \_\_\_\_ No X  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_\_ No X

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).

5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7     5.     Do you own or are you buying a home?                                 Yes \_\_\_\_ No X

8     Estimated Market Value: \$ Ø                                 Amount of Mortgage: \$ Ø

9     6.     Do you own an automobile?   Yes \_\_\_\_ No X

10    Make N/A                                 Year N/A                                 Model N/A

11    Is it financed? Yes \_\_\_\_ No \_\_\_\_     If so, Total due: \$ N/A

12    Monthly Payment: \$ N/A

13    7.     Do you have a bank account?     Yes \_\_\_\_ No X (Do not include account numbers.)

14    Name(s) and address(es) of bank: N/A

15    \_\_\_\_\_

16    Present balance(s): \$ N/A

17    Do you own any cash?     Yes \_\_\_\_ No X     Amount: \$ Ø

18    Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19    market value.)     Yes \_\_\_\_ No X

20    \_\_\_\_\_

21    8.     What are your monthly expenses?

22    Rent: \$ Ø   Utilities: Ø

23    Food: \$ Ø   Clothing: Ø

24    Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26    _____	\$ <u>Ø</u>	\$ <u>Ø</u>
27    _____	\$ <u>Ø</u>	\$ <u>Ø</u>
28    _____	\$ <u>Ø</u>	\$ <u>Ø</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

NO

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes      No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

N/A

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6/3/08

DATE

Antoine Obed  
SIGNATURE OF APPLICANT

REPORT ID: TS3030 .701

REPORT DATE: 06/17/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

ACCOUNT NUMBER : P59915  
ACCOUNT NAME : ARDDS, ANTOINE  
PRIVILEGE GROUP: A

BED/CELL NUMBER: FBB2T1000000113L  
ACCOUNT TYPE: I

## TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/01/2008		BEGINNING BALANCE					
04/04*VD54		INMATE PAYROL 2557 P3/08			3.15		3.15
04/14 W532		DAMAGES - PER 2619SHIRT				3.15	0.00
06/10*DD30		CASH DEPOSIT 3119 7796			11.25		11.25

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/14/2008	H104	DAMAGES HOLD	2619SHIRT	13.25
06/02/2008	H109	LEGAL POSTAGE HOLD	3036 ENVEL	0.90
06/10/2008	H109	LEGAL POSTAGE HOLD	3117 ENVEL	0.40
06/12/2008	H109	LEGAL POSTAGE HOLD	3160 LPOST	1.00
06/12/2008	H118	LEGAL COPIES HOLD	3160 LCOPY	1.00
06/13/2008	H109	LEGAL POSTAGE HOLD	3167 ENVEL	0.40

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 10/28/05  
COUNTY CODE: ALA

CASE NUMBER: 148150  
FINE AMOUNT: \$ 1,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
01/01/2008		BEGINNING BALANCE		1,000.00
04/04/08	VR54	RESTITUTION DEDUCTION-SUPPORT	3.50-	996.50
06/10/08	DR30	REST DED-CASH DEPOSIT	12.50-	984.00

FOR THE PERIOD: [REDACTED]

ACCT: P59915

ACCT NAME: ARDDS, ANTOINE

ACCT TYPE: I

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

BEGINNING  
BALANCE

TOTAL  
DEPOSITS

TOTAL  
WITHDRAWALS

CURRENT  
BALANCE

HOLDS  
BALANCE

TRANSACTIONS  
TO BE POSTED

14.40

3.15

11.25

16.95

CURRENT  
AVAILABLE  
BALANCE

5.70-

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of \_\_\_\_\_ for the last six months  
[prisoner name]  
\_\_\_\_\_ where (s)he is confined.

[name of institution]  
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Authorized officer of the institution]





Antoine Ardds  
P-59915 B2-1136  
Salinas Valley State Prison  
P.O. Box 1050  
Sedalia, CA 93965-1050



OFFICE OF THE Clerk,

U.S. DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

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OFFICE OF THE CLERK

U.S. DISTRICT COURT

(Confidential)  
Legal mail

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